



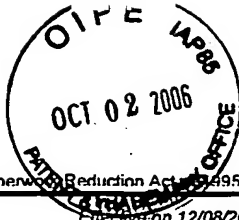
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/646,527	
	Filing Date	08/22/2003	
	First Named Inventor	Kenneth COLLINS, et al.	
	Art Unit	1763	
	Examiner Name	Maureen G. Arancibia	
Total Number of Pages in This Submission	5	Attorney Docket Number	006915 USA P07/IMPLANT/P3I/AG

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Law Office of Robert M. Wallace	
Signature		
Printed name	Robert M. Wallace	
Date	09/26/06	Reg. No. 29,119

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Shelly Hart	Date 09/26/2006

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180.00

**Complete if Known**

Application Number	10/646,527
Filing Date	08/22/2003
First Named Inventor	Kenneth COLLINS, et al.
Examiner Name	Maureen G. Arancibia
Art Unit	1763
Attorney Docket No.	006915 USA P07/IMPLANT/P3I/AG

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 50-0338 Deposit Account Name: Michaelson & Wallace

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

**Total Claims****Extra Claims****Fee (\$)****Fee Paid (\$)**

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims****Extra Claims****Fee (\$)****Fee Paid (\$)**

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**Multiple Dependent Claims****Fee (\$)****Fee Paid (\$)****3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Submission of Information Disclosure Statement (CFR 1.17(p))**Fees Paid (\$)**

\$180.00

**SUBMITTED BY**

Signature	<u>Robert M. Wallace</u>	Registration No. (Attorney/Agent) 29,119	Telephone 805/644-4035
Name (Print/Type)	Robert M. Wallace		Date <u>09/26/06</u>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**CERTIFICATE OF MAILING**

I hereby certify that this paper and every paper referred to therein as being enclosed is deposited with the U.S. Postal Service as first class mail, postage prepaid, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 26, 2006 (Date of Deposit)

Date

Name



PATENT

Atty. Docket No.: 006915 USA P07/IMPLANT/P3I/AG  
RW Ref. No.: APM/001-02-CP1-7

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
Kenneth COLLINS, et al. ) Group Art Unit: 1763  
)  
Entitled: PLASMA IMMERSION ION )  
IMPLANTATION SYSTEM INCLUDING A )  
PLASMA SOURCE HAVING LOW DISSOCIATION )  
AND LOW MINIMUM PLASMA VOLTAGE ) Examiner: Maureen G.  
) Arancibia  
Serial No.: 10/646,527 )  
)  
Filing Date: August 22, 2003 )

INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR 1.97(c)

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

10/03/2006 HGUTEMAI 00000017 500338 10646527

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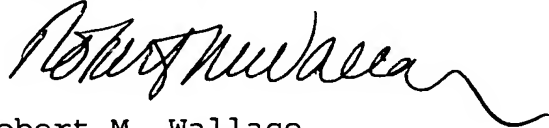
In accordance with 37 CFR 1.56, the references listed below and on the attached form PTO-1449 are being brought to the attention of the Examiner for consideration in connection with the examination of the above-identified patent application. A copy of each foreign patent document and/or non-patent literature is enclosed.

This information is being submitted subsequent to the later of three months after the filing date of the present application or the mailing of the first Office Action on the merits, but before the mailing of a final action or the notice of allowance. Please

see the attached USPTO Fee Transmittal for fee payment.

It is respectfully requested that the Examiner indicate consideration of the cited references by returning a copy of the attached form PTO-1449 with initials or other appropriate marks.

Respectfully submitted,



Dated: 07/26/06

Robert M. Wallace  
Reg. No. 29,119  
Attorney for Applicants  
Customer No. 000044843

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Patent Attorney  
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INFORMATION  
DISCLOSURE  
STATEMENT BY APPLICANT

Sheet 1 of 1



Application Number: 10/646,527  
Filing Date: 08/22/2003  
First Named Inventor: Kenneth COLLINS, et al.  
Group Art Unit: 1763  
Examiner Name: Maureen G. Arancibia  
Attorney Docket Number: 006915 USA P07/IMPLANT/P3I/AG

**U. S. PATENT DOCUMENTS**

Examiner Initials	Document No	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Class	Subclass	Filing Date MM-DD-YYYY
	US-5,935,373	08-10-1999	KOSHIMIZU	156	345.28	09-02-1997
	US-6,558,508B1	05-06-2003	KAWAKAMI	156	345.51	09-06-2000
	US-2002/0036881	03-28-2002	SHAMOUILIAN ET AL.	361	234	05-07-1999
	US-2002/0053513	05-09-2002	STIMSON ET AL.	204	298.15	01-20-2002

**FOREIGN PATENT DOCUMENTS**

Examiner Initials	Foreign Patent Document	Publication Date	Country	Name of Patentee or Applicant of Cited Document	Translation? (Yes/No/n/a)

**NON PATENT LITERATURE DOCUMENTS**

Examiner Initials	(Include the name of the author (in CAPITAL LETTERS), title of the article (where appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.

Examiner's Signature:

Date Considered:

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.